

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers) 2 Total pages filed:

|  |  |   |   |   |  |   |  |  |
|--|--|---|---|---|--|---|--|--|
| 3 CANDIDATE / OFFICEHOLDER NAME            |  | MS / MRS / MR<br>Mr   | FIRST<br>Josh   | MI  | <b>OFFICE USE ONLY</b><br><b>RECD FOR RECORD</b><br><small>Date Received</small><br><b>ROCK COUNTY, TEXAS</b><br><b>FEB 02 2026</b>                    |   |  |  |
|  |  | NICKNAME  | LAST<br>Few   | SUFFIX  |  |   |  |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS |  | ADDRESS / PO BOX;   | APT / SUITE #;  | CITY;   | STATE;   | ZIP CODE<br>75654   |  |  |
|  |  | Henderson Texas   |   |   |  |   |  |  |
| <input type="checkbox"/> Change of Address |  |   |   |   |  |   |  |  |
| 5 CANDIDATE/ OFFICEHOLDER PHONE            |  | AREA CODE<br>(936)  | PHONE NUMBER<br>3712265   | EXTENSION   |  | BY <i>J. Sanders</i> DEPUTY<br>Date Hand Delivered or Date Postmarked |  |  |
| 6 CAMPAIGN TREASURER NAME                  |  | MS / MRS / MR<br>Mrs  | FIRST<br>Ashley   | MI  | Receipt # <input type="text"/><br>Amount \$ <input type="text"/><br><br>Date Processed<br><br>Date Imaged  |   |  |  |
|  |  | NICKNAME  | LAST<br>Few   | SUFFIX  |  |   |  |  |
| 7 CAMPAIGN TREASURER ADDRESS               |  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;   |   |   | CITY;  | STATE; ZIP CODE   |  |  |
|  |  |   |   |   | Henderson Texas 75654  |   |  |  |
| (Residence or Business)                    |  |   |   |   |  |   |  |  |
| 8 CAMPAIGN TREASURER PHONE                 |  | AREA CODE<br>(936)  | PHONE NUMBER<br>2343936   | EXTENSION   |  |   |  |  |
| 9 REPORT TYPE                              |  | <input type="checkbox"/> January 15<br><input type="checkbox"/> July 15   | <input type="checkbox"/> 30th day before election<br><input type="checkbox"/> 8th day before election | <input type="checkbox"/> Runoff<br><input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> Final Report (Attach C/OH - FR) |   |  |  |
| 10 PERIOD COVERED                          |  | Month<br>01   | Day<br>15   | Year<br>2026  | Month<br>02  | Day<br>02   | Year<br>2026                               |  |
| 11 ELECTION                                |  | ELECTION DATE   |   |   | ELECTION TYPE  |   |  |  |
|  |  | Month<br>03   | Day<br>03   | Year<br>26  | <input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General  | <input type="checkbox"/> Runoff<br><input type="checkbox"/> Special   | <input type="checkbox"/> Other Description |  |
| 12 OFFICE                                  |  | OFFICE HELD (if any)  |   |   | 13 OFFICE SOUGHT (if known)  |   |  |  |
|  |  |   |   |   | County Commissioner PCT 4  |   |  |  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)      |  | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |   |   |  |   |  |  |
|  |  | COMMITTEE TYPE  | COMMITTEE NAME  |   |  |   |  |  |
| <input type="checkbox"/> Additional Pages  |  | <input type="checkbox"/> GENERAL  | COMMITTEE ADDRESS   |   |  |   |  |  |
|  |  | <input type="checkbox"/> SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME   |   |  |   |  |  |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS  |   |   |  |   |  |  |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

16 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0

2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0

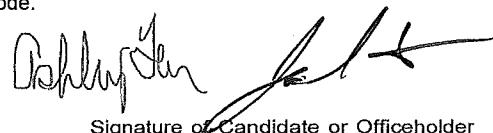
EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0

4. **TOTAL POLITICAL EXPENDITURES** \$ 2097.88

CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0

OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

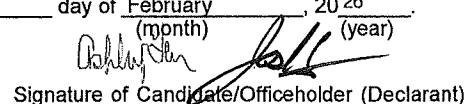
OR

**(2) Unsworn Declaration**

My name is Josh Few, and my date of birth is June 26, 1981.

My address is \_\_\_\_\_, Henderson, Tx, 75654, USA  
(street) (city) (state) (zip code) (country)

Executed in Rusk County, State of Texas, on the 3 day of February, 2026  
(month) (year)



Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

|   |   |
|---|---|
| <b>19</b> FILER NAME  | <b>20</b> Filer ID (Ethics Commission Filers) |
| <b>21</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  |   |
| 2. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       |   |
| 3. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         |   |
| 4. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   |   |
| 5. <input type="checkbox"/> SCHEDULE E: LOANS   |   |
| 6. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               |   |
| 7. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  |   |
| 8. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              |   |
| 9. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       |   |
| 10. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        |   |
| 11. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        |   |
| 12. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           |   |
| 13. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER |   |
| SUBTOTAL AMOUNT   |   |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 FILER NAME

01

Josh Few

3 Filer ID (Ethics Commission Filers)



5 Payee name

Browder Media, LLC

6 Amount (\$)

1300.00

Reimbursement from political contributions intended

NA

Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

(b) Description

Billboard Sign

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Josh Few

Office sought

Office held

County Commissioner PCT 4

Date

01/21/26

Payee name

Josh Few

Amount (\$)

366.00

Reimbursement from political contributions intended

Payee address;

USPS 505 S Main St

City;

Henderson

State;

Texas

Zip Code

Check if individual's residence address.

(c)  Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

Advertising Stamps

Stamps

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

County Commissioner PCT 4

Date

02/03/2026

Payee name

Vista Print

Amount (\$)

431.87

Reimbursement from political contributions intended

Payee address;

City;

State;

Zip Code

na

na

PURPOSE OF EXPENDITURE

Internet Purchase

Check if individual's residence address.

Description

Category (See Categories listed at the top of this schedule)

Post Cards

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

County Commissioner PCT 4

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED